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DECEMENTION - Culty of Design 1 design 1 design 1					
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTO	R:			been filed for this u	nsigned inventor
Given Name (first and middle [if any]) HENRY M.			mily Name Surname	KRAUSE	
Inventor's Signature	_				Date Mar 4/05
Residence: City Mississauga	S	tate Ontario	<u> </u>	Country Canada	Citizenship Canada
Mailing Address 6462 Osprey Blvd.					
Mailing Address					
City Mississauga	State Ontari	0	ZIP	LSN 6B4	Country Canada
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]) ANDREW J. Family Name or Surname SIMMONDS					
Inventor's Signature Date 2005/3/29					
Residence: City Edmonton	St	ate Alberta		Country Canada	Citizenship Canada
Mailing Address University of Alberta					
Mailing Address 5-9 Medical Sciences Bldg.					
City Edmonton	State Albert	a	ZIP	T6G 2H7	Country Canada
Additional inventors are being named on the supplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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DECLARATION - Utility or Design Patent Application					
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NAME OF SOLE OR FIRST INVENTO	DR:	☐ A pc	cition has	been filed for this unsi	gned inventor
Given Name (first and middle [if any]) HENRY M.			ily Name umame	KRAUSE	
Inventor's Signature			-		Date Mar 4/05
Residence: City Mississauga	S	tate Ontario		Country Canada	Citizenship Canada
Mailing Address 6462 Osprey Blvd.					
Mailing Address					
City Mississauga	State Ontario	0	ZIP	LSN 6B4	Country Canada
NAME OF SECOND INVENTOR:	City Printered City				
Given Name (first and middle [if any])	Given Name Family Name				
Inventor's Para 2005/3/29					Date 2005/3/29
Signature				Country Canada	Citizenship Canada
Residence: City Edmonton	31	tate Alberta		Country Canada	Citizensiny Comme
Mailing Address University of Alberta					
Mailing Address 5-9 Medical Sciences I	31dg.		- - - - - - - - - - 		T .
City Edmonton	State Alberta	<u>a</u>	ZTP	T6G 2H7	Country Canada
Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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		Application Number				
	<u>.</u>	Filing Date				
POWER OF ATTORNEY And		First Named Inventor	Henry M. KRAUSE			
		Title	Trap-Tagging: A Novel Method			
CODDEC	PONDENCE ADDRESS		for the Identification and Purification of RNA-Protein			
— — — — — — — — — — — — — — — — — — —	ICATION FORM		Complexes			
INDICATION FORM		Art Unit				
		Examiner Name				
	!	Attorney Docket No.	1889-00900			
I hereb	y appoint:					
\boxtimes	Practitioners at Customer Number	\rightarrow	23505			
	OR Practitioner(s) named below:					
	Name	Registration Number				
:						
as my/our a	ttorney(s) or agent(s) to prosecute the atthe United States Patent and Trademar	application identified above k Office connected therew	ve, and to transact all vith.			
Please reco	gnize or change the corresponding add					
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I am the: ☐ Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies that it is: ☐ Assignee of record of the entire interest Assignment Recorded at Reel/Frame						
	SIGNATURE of Appl	licant or Assignee of Rec	ord			
Applicant:	Applicant: Henry M. KRAUSE					
Signature	Alline					
Date	Mar 28th, 2005	5	-			
	ures of all the inventors or assignees					
	it multiple forms if more than one sign	ature is required, see belo	w*.			
≱ Total of _	2 forms are submitted.					

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POWER OF ATTOR And CORRESPONDENCE A INDICATION FO		Application Number				
	DDRESS	Filing Date				
		First Named Inventor	Henry M. KRAUSE			
		Tide	Trap-Tagging: A Novel Method for the Identification and Purification of RNA-Protein Complexes			
INDICATION FO	L. L.	Art Unit				
		Examiner Name				
		Attorney Docket No.	1889-00900			
I hereby appoint:						
Practitioners at Custon OR Practitioner(s) named		→	23505			
Nan	#	Registration Number				
	11	<u> </u>				
as my/our attorney(s) or agent(s) business in the United States Pate	to prosecute the	application identified abo ik Office connected there	ve, and to transact all with.			
Please recognize or change the corresponding address for the above-identified application to: The above-mentioned Customer Number. OR The address associated with Customer Number OR						
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Address						
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i am the: Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies that it is: Assignee of record of the entire interest Assignment Recorded at Real/Frame						
Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies Assignee of record of the en	nije ijsterest					
Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies Assignee of record of the en Assignment Recorded at R	tife interest ed/Frame IATURE of App	licant or Assignce of Re	cord			
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Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies Assignee of record of the en Assignment Recorded at R SIGN Applicant: Andrew 381MMO Signature	tife interest eal/Frame ATURE of App NDS		cord			
Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies Assignee of record of the en Assignment Recorded at R SIGN Applicant: Andrew 381MMO Signature Date March 29	tife interest eal/Frame ATURE of App NDS , 200	5				
Applicant/inventor. Under 37 CFR 3.73(b) Assignee certifies Assignee of record of the en Assignment Recorded at R SIGN Applicant: Andrew 3 SIMMO Signature	ATURE of App NDS 200 ms or assignees	5 of record of the entire in	nterest or their representative(s) are			

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